

**AMENDMENT TO DECLARATION OF DOMESTIC PARTNERSHIP**

Article IV -Chapter 62-131 of the Miami Beach City Code

Registration No. \_\_\_\_\_

**Instructions:**Complete and submit this form (**notarization is required**) to the City Clerk's Office at the address above. A filing fee of \$25.00 is required and must accompany the registration form. Make check payable to the City of Miami Beach.**Do you or your domestic partner claim any exemption to public record disclosure pursuant to Section 119 Florida Statutes?**  Yes  No. *If "yes", submit on a separate page a detailed explanation of exemption.***Adding or Deleting Dependents**

List the name(s) of dependent(s) who reside(s) within the household of the Registered Domestic Partnership and is (are):

1. a biological adopted, or foster child of a Registered Domestic Partner; or
2. a dependent as defined under IRS regulations; or
3. a ward of a Registered Domestic Partner as determined in a guardianship or other legal proceeding.

Add  Delete  \_\_\_\_\_ Add  Delete  \_\_\_\_\_Add  Delete  \_\_\_\_\_ Add  Delete  \_\_\_\_\_**Change of Address**

Common Residence Address City State Zip Code

Mailing Address City State Zip Code

Telephone Number \_\_\_\_\_

Email (Optional) \_\_\_\_\_

**We swear or affirm under Penalty of perjury that the statements above are true and correct.**Signed on \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_  
(Date) (City) (State)

Signature \_\_\_\_\_ (Print legibly) Last First Middle

Signature \_\_\_\_\_ (Print legibly) Last First Middle

**Notarization of both signatures: (Required)**

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_ by \_\_\_\_\_ and \_\_\_\_\_ who are personally known \_\_\_\_ or produced Identification \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public**For Clerk's Use Only:**

Filing Date \_\_\_\_\_ MCR# \_\_\_\_\_ Received by: \_\_\_\_\_ Registration Number \_\_\_\_\_